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CT CGA - Appropriations Committee Budget Hearing
DSS, DCF & DMHAS
Behavioral Health Plan Reform Focused
Subset: Complex Trauma

House district: 65 - Representative Michelle Cook
Senate district: 30 - Senator Clark Chapin

I am testifying today:
To encourage targeted, increased funding of the Adoption Assistance Program (AAP), a post-adoption, post-placement and complex trauma informed resource, to increase its client capacity, expand targeted stakeholder awareness and public relations campaigns and establish consistent, department wide referral practices within DSS, DCF and DMHAS.

Why is this important to me and to thousands of CT families?

AT LEAST 85% OF FOSTERED, ADOPTED AND KINSHIP PLACED CHILDREN EXPERIENCE COMPLEX TRAUMA CONDITIONS; AS DO CHILDREN WHO EXPERIENCE THE LOSS OF A BIOLOGICAL PARENT, LENGTHY OR INVASIVE CHILDHOOD ILLNESS, POVERTY, NEGLECT, ABUSE, OR EXPERIENCE/ WITNESS VIOLENT ACTS TO THEMSELVES OR OTHERS.

**ADOPTION TYPE IS IRRELEVANT I.E. CPS, AGENCY, PRIVATE, KINSHIP, INTERNATIONAL...*

A state and federally funded program, the Adoption Assistance Program (AAP), operates under the UCHC. It currently serves CT Foster-Adopt families *and few others. As a complex trauma competent resource, the AAP provides responsive, respectful, family strength and centered care coordination services tailored to the individual and unique needs of the family-client, with access support to best practice treatment, care & services, and caregiver support services such as condition specific parenting classes, multi-scope evaluations, crisis intervention, access to integrated treatment modalities, respite care, and more.*

Through increased AAP funding this session, coupled with the Behavioral Health Plan reforms currently being developed, an increased number of Complex Trauma impaired children and their caregivers will realize immediate benefit. Permanent placement preservation priority will be achieved. Access to expanded informed practices will lead to the elimination of involuntary and pressured-voluntary relinquishment of parental rights in order to access higher levels of care; a practice that remains a dynamic, unspoken 'standard practice' in CT.

Trading parental rights to access mental health care is barbaric and harmful. Why does it still exist?

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TESTIMONY

I grew up in North Canaan CT. My family's business was the treatment of addiction and duel diagnosis conditions in both in-patient and out-patient settings. I grew up on the premises of our first, of three, in-patient hospital accredited facilities, known as Serenity Hill Farm ('74-'82). Through my exposures, I learned to recognize conditions associated with the human experience. The predominant client/ patient feature were early childhood trauma.

I am now a business owner, parent advocate and the CT Legislative Committee Leader for the national non-profit organization, the Attachment & Trauma Network; and a married mother of three adopted children. At age 13-months, my now nine year old, kinship adopted daughter, was profoundly traumatized when she witnessed her mother's domestic violence-based murder. As a result, she is emotionally and psychologically fragile. Her behavioral symptoms cycle, are unpredictable and can be dangerous, and her needs, complex. You wouldn't know it to meet her though. In social settings she presents as stable, sweet and intelligent, charismatic and engaging. She is one of thousands of young children who suffer from a complicated and serious mental illness spectrum of Complex Trauma. As with traumatized children, her diagnosis has and/or does currently include, but is not limited to, depression, PTSD, ADHD, ODD, and her most severe and consistent diagnosis is Reactive Attachment Disorder (RAD).

RAD is a diagnosis given to children with severe complex trauma symptoms. Our daughter's symptoms were evident as early as age two and progressively worsened over the years. When she was six, her behaviors began to escalate and become unsafe. Despite her struggles, engaged parenting, years of therapeutic services, implementing clinician endorsed tools in the home and multiple requests for supports; **we were denied State of Connecticut DCF voluntary services to obtain 'medically necessary' treatment and family supports. We were denied State Medicaid insurance coverage for 'medically necessary' treatment only available out-of-state. We were suspected and accused of unthinkable, incomprehensible conduct i.e. neglect and abuse. We were not supported. We were not believed. We were blamed. Our daughter's conditions were denied by DCF and her needs ignored. Not all families raising trauma impaired, troubled kids experience what we did, but many do.**

What our family and our daughter wanted and needed was complex trauma informed, competent care and guidance. We needed pro-active, respectful, responsive access to care coordination and well-versed

compassion, a team of trained 'been there, done that' experienced staff that understand our plight, our tears and fears, and our safety concerns. The Adoption Assistance Program is what we needed. Immense psychological stress and $40,000+ in legal fees later, AAP remains what we needed.

Please consider the struggles and outcomes of parents raising children with mental illness, like VA Senator Craig Deeds, Adam Lanza's mother Nancy, devoted mother Margaret Rohner, and adult children suffering from complex trauma like Joshua Komisarjevsky. Consider cost-sensible spending increases that expanded the access of informed, evidence-based programs that help heal children, support parents & caregivers and preserve placement permanency allowing loving relationships to grow, thrive and overcome; finding triumph over the shame of trauma.